



ATTN: \_\_\_\_\_  
Booking Agent's Name

TEL: 212-201-1611/ 800-294-6643 FAX: 800-691-1809 Email: info@easyscapestravel.com  
**VERIFICATION & CONFIRMATION OF TRAVEL ARRANGEMENTS/CREDIT CARD AUTHORIZATION FORM**

I, \_\_\_\_\_, AUTHORIZE EASY ESCAPES TRAVEL TO CHARGE MY CREDIT CARD AS FOLLOWS:

NAME(S) OF PERSON(S) TRAVELING AND TSA SECURE FLIGHT INFORMATION:



**Secure Flight Information:** The Transportation Security Association Secure Flight Program requires airlines to provide date of birth and gender before a boarding pass can be issued.

- 1. \_\_\_\_\_ DOB: \_\_\_\_\_ \_\_\_ Male / \_\_\_ Female
- 2. \_\_\_\_\_ DOB: \_\_\_\_\_ \_\_\_ Male / \_\_\_ Female
- 3. \_\_\_\_\_ DOB: \_\_\_\_\_ \_\_\_ Male / \_\_\_ Female
- 4. \_\_\_\_\_ DOB: \_\_\_\_\_ \_\_\_ Male / \_\_\_ Female

I (OR) THEY ARE TRAVELING TO \_\_\_\_\_

DEPARTURE DATE \_\_\_\_\_ RETURNING ON \_\_\_\_\_

**TERMS AND CONDITIONS**

WE STRONGLY RECOMMEND YOU OBTAIN TRIP INSURANCE FOR YOUR PROTECTION AS AIRLINE TICKETS ARE NON-REFUNDABLE AND PENALTIES APPLY FOR ALL CHANGES, CANCELLATIONS OR REVISIONS.

\*I HAVE BEEN ADVISED OF THE AVAILABILITY OF TRIP INSURANCE FOR MY PROTECTION.

PLEASE INITIAL: I \_\_\_\_\_ ACCEPT THE INSURANCE *or* \_\_\_\_\_ I DECLINE THE INSURANCE (insurance is optional & additional).

\*I AM RESPONSIBLE FOR CONFIRMING BAGGAGE ALLOWANCES WITH THE AIRLINE AND ENSURING COMPLIANCE WITH GOVERNMENT ENTRY AND EXIT REQUIREMENTS (PASSPORTS/VISAS), INCLUDING RESTRICTIONS DUE TO CRIMINAL CONVICTIONS. Please verify the requirements for your destination ([www.travel.state.gov](http://www.travel.state.gov)). Note that travel insurance of any kind, including cancel for any reason, will be void in denial of boarding.

PLEASE INITIAL: I \_\_\_\_\_ ACCEPT THE TERMS & CONDITONS *or* I \_\_\_\_\_ DECLINE THE TERMS & CONDITIONS

**CARDHOLDER'S BILLING INFORMATION**

CARDHOLDER'S NAME: (As it appears on the card): \_\_\_\_\_

TYPE OF CREDIT CARD: \_\_\_\_\_ 3 Digit Security Code (on back of card) \_\_\_\_\_  
(or 4 digit on front AMEX)

CARD NUMBER \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_  AUTHORIZED AMOUNT TO BE CHARGED \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TEL # (Day / Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

(EMAIL) \_\_\_\_\_

\_\_\_\_\_  
(SIGNATURE) (DATE)

Note: For 3rd party credit cards: please include a copy of a valid driver's license or picture ID plus copy (Front & back) of the credit card being used for the above arrangements.